CLAIMS AS FILED PART I (Column 1) (Column 2)						SM TYI		NTITY.	OR		R THAN	
TOTAL	CLAIM:	S				·	F	ATE	FEE	7	RATE	FE
FOR			NUMBE	NUMBER FILED NU		BER EXTRA	ВА	SIC FE	385.00	OR	BASIC FEE	770.
TOTAL C	HARGE	ABLE CLAIMS	6 minus 20=		.0	·	×	S 9=		OR	2010	
NDEPENDENT CLAIMS			2. minus 3 = 1		0		-	43=		1	Yac	
MULTIPL	E DEPE	NDENT CLAIM	RESENT							OR		
if this di	Horopo	o in column 1 is	r less than a	tore enter	in	column 3	+	45=		OR	+290=	<u> </u>
ii me oi		e in column 1 is		•		Widnin 2	TO	TAL	Ł	OR	TOTAL	
_	C	CLAIMS AS (Column 1)	AMENDE			(Column 2)	SA	IALL	ENTITY	OR	OTHER	
7	· -	CLAIMS	· ·.	(Colun	EST	(Column 3)			ADDI-	1		ADD
		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	R	ATE	TIONAL FEE		RATE	TION
Total		• 20	Minus	-2	0	=	X	9=		OR	X\$18=	
Total	endent ;	. 5	Minus	2) .	- 2		13=	· ·		X86=	176
					_					OR	7.00-	1/4
FIRST	PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM							
FIRST	PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+1	45=		OR	+290=	
FIRST	PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+1	45= OTAL . FEE			+290= TOTAL ADDIT. FEE	.
FIRST	PRESE	(Column 1)	ULTIPLE DE	(Colum	ın 2)	(Column 3)	+1	OTAL			TOTAL	
FIRST	PRESE	(Column 1) CLAIMS REMAINING	ULTIPLE DE	(Colum HIGHE NUMB	in 2) ST ER		+1 ADDI	OTAL FEE	ADDI-		TOTAL ADDIT. FEE	ADD
FIRST	PRESE	(Column 1) CLAIMS	ULTIPLE DE	(Colum	in 2) ST ER USLY	(Column 3)	+1 ADDI	OTAL	ADDI- TIONAL FEE		TOTAL	ADD TION
Total	PRESE	(Column 1) CLAIMS REMAINING AFTER	Minus	(Colum HIGHE NUMB PREVIO	in 2) ST ER USLY	(Column 3) PRESENT	ADDI	OTAL FEE	TIONAL FEE		TOTAL ADDIT. FEE	
Total	endent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	(Column HIGHE NUMB PREVIOU PAID F	IN 2) ST ER USLY OR	(Column 3) PRESENT EXTRA	ADDI	OTAL FEE	TIONAL FEE	OR	TOTAL ADDIT. FEE RATE	ADD TION
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Total	endent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	(Column HIGHE NUMB PREVIOU PAID F	IN 2) ST ER USLY OR	(Column 3) PRESENT EXTRA	+1 ADDI XS X4 +14	OTAL FEE 7= 3= 5= OTAL	TIONAL	OR OR	TOTAL ADDIT. FEE RATE X\$18= X86= +290=	ADD TION FEE
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Total Indeper	ndent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT NTATION OF MI (Column 1) CLAIMS REMAINING AFTER	Minus Minus Minus Minus Minus	(Columnia PREVIOL PAID FOR PAI	n 2) ST ER USLY OR ISLY OR	(Column 3) PRESENT EXTRA Column 3) PRESENT EXTRA	ADDIT	OTAL FEE 3= OTAL FEE	ADDI- TIONAL FEE	OR OR OR	RATE TOTAL DOTT. FEE X\$18= 1290= TOTAL DOTT. FEE	ADD
Total Independent	ndent PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT (Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus Minus Minus Minus Minus LTIPLE DEF	(Columnia Higher Paid For Paid	IN 2) ST CLAIM CLAIM CLAIM CLAIM	(Column 3) PRESENT EXTRA COlumn 3) PRESENT EXTRA COLUMN 3	ADDIT	OTAL FEE 3= 5= OTAL FEE	ADDI- TIONAL FEE	OR OR OR	RATE **** **** **** **** *** *** *	ADD TION FEE

Application or Docket Number